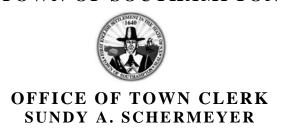
#### TOWN OF SOUTHAMPTON

Main Office 116 HAMPTON ROAD SOUTHAMPTON, NY 11968

**Phone:** (631) 287-5740 **Fax:** (631) 283-5606



**Town Clerk Annex** 

**Phone:** (631) 723-2712 **Fax:** (631) 723-3080

Website:

www.southamptontownny.gov

# REQUIREMENTS FOR OPERATOR'S LICENSE: TRANSPORTATION FOR HIRE

Expires: December 31st, Midnight

License Fee: \$50.00

(Cash, check or money order payable to "Town of Southampton")

Fingerprinting: Please see attached new procedures.

Fees are non-refundable and due when the application is submitted. Renewal applications submitted after January 30<sup>th</sup> is subject to a mandatory \$25.00 late fee.

**Applications Accepted:** Monday – Friday 8:30 AM – 2:30 PM

**Location:** Town Clerk's Office, 116 Hampton Road, Southampton

### **DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

#### DOCTOR'S STATEMENT

A statement from a doctor licensed to practice medicine in the State of New York stating that applicant has been thoroughly examined within **thirty** (30) days of the completed application and that the applicant is fit to safely operate a licensed vehicle.

#### PHOTOGRAPHS

Two (2) identical photographs (2 x 2 head and shoulders) taken no longer than sixty (60) days prior to submission of completed application.

#### • DRIVER'S LICENSE

Copy of applicant's valid NYS Driver's license clearly indicating the identification number and expiration date, together with authorization for the Town to conduct an examination of the applicant's driving record.

If the applicant's license is from another state, the applicant must submit an abstract from their local Department of Motor Vehicles stating that the license is equivalent to a Class E chauffeur's license as well as an abstract showing the applicant's driving history.

#### ADDITIONAL INFORMATION FOR NEW APPLICANTS:

#### FINGERPRINT PROCESSING

- 1. All new applicants and non-consecutive yearly renewals must be fingerprinted.
- 2. Failure to have fingerprints done in timely fashion may cause a delay in the issuance of the license.

# TOWN OF SOUTHAMPTON

Main Office 116 Hampton Road Southampton, NY 11968

**Phone:** (631) 287-5740 **Fax:** (631) 283-5606

Date: \_\_\_\_/\_\_\_\_



# OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

**Town Clerk Annex** 

**Phone:** (631) 723-2712 **Fax:** (631) 723-3080

www.south ampton town ny.gov

# 2011 APPLICATION OPERATOR'S LICENSE TRANSPORTATION FOR HIRE

For (	Office Use Only	
License # Date: Initials:	:	

## **PERSONAL DATA:**

Name:					
LAST		FIRST	MIDDLE INITIAL		
Any names previously used:					
Marital Status:	Maiden	Maiden Name or Alias:			
Telephone No: ()	Social S	Social Security Number:			
Address (Local):					
Address (Legal/Mailing, if different	from above):				
Place of residence for past five (5) y	rears:				
Eye Color:	Hair Color:	Height: _			
Weight:	Date of Birth:	Place of	Birth:		
Have you been convicted local law (not including mu					
If Yes:What court:	Where	»:	When:		
Ordinance violated:	Cha	arge/sentence of cou	urt:		
• NYS Driver's License I.D.	#:	Class:			
Authorization to Conduct E	Examination of Driving Re	ecord:	YESNO		
Has your Driver's License the past eighteen (18) mont		•	spended or revoked within		
• If Yes: What Court:		_ Date:			
Period of suspension:	Caus	e:			

# **BUSINESS DATA:**

Busines	ss Name:				
Address	s:				
Federal	Identification Nun	nber:		Telephone No:	
Place of	f business for past	five (5) years <u>if differe</u>	ent from abo	<u>ve</u> :	
Name o	of Business/Employ	/er:			
Address	s:				
Any pre	evious occupationa	l license held:	Yes	No	
If Yes:	Type:	When:		Where:	
	How long:	g: Suspended or revoked:			
	Date and reason f	or revocation or suspe	ension:		
REPOR' OTHER	TED IN WRITING	TO THE TOWN CLE	ERK WITHIN	OR SERVICE OF LEGAL PROCESS SI I SEVEN (7) DAYS OF OCCURRENC VN CLERK WITHIN THIRTY (30) D	CE. ALL
Signat	ure		Date	<u>.                                    </u>	
Sworn	to before me th	is day of			
 Notary	y Public				
				HABLE AS A CLASS "A" MISDEMEA L LAW OF THE STATE OF NEW YOI	
		********	*****	**********	:**
	Use Only: License mailed	1			
• ****	License picked	-	*****	*********	***